U.S. Department of Labor Office of Labor Management Standards Washington DC 20210

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# FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215 0188 Expires 11 30 2006

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9988	2 Fiscal Year Covered From
	1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing	4 Name file number and address of labor organization
Name STEPHEN 2 , FLANAGAN, ,	Name LABORERS UNION #66
	Labor Organization File Number 026 302
PO Box Bldg Room No If any	P O Box Building and Room Number if any
Street 1600 WALT WHITMAN ROAD	Street 1600 WALT WHITMAN ROAD , T
City MELVILLE	City MELVILLE " 5
State New York 7 ZIP Code + 4 11747-3088	State New York r - Z ZiP Code + 4 11747-3088
5 Position in labor organization BUSINESS MGR/SEC TREASURER	
	usions set forth in the instructions)
A. Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organization.	on represents or is actively seeking to represent
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income
Name	
Trade Name if any	
PO Box Bldg Room No If any	
	7 b Amount
Street Fan Fan Street	
City F	1, 4
	<u> </u>
State ZIP Code +4	
	nature
Signature and verification Theyundersigned declares under penalty of	Penury and other applicable penalties of the law that all of the information ving documents) has been examined by the signatory and is to the best of the
Signature and verification. The undersigned declares under penalty of submitted in this report (including the information contained in any accompany undersigneds knowledge and belief, true correct, and complete. (See the se	Perjury and other applicable penalties of the law that all of the information ying documents) has been examined by the signatory and is to the best of the ction on penalties in the instructions.)
Signature and verification The undersigned declares under penalty of submitted in this report (including the information contained in any accompany)	Penury and other applicable penalties of the law that all of the information ving documents) has been examined by the signatory and is to the best of the

Name of Person Filing STEPHEN FLANAGAN	File Number <b>U</b>
B Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent or Irrectly to or otherwise
8 Name and address of Business (including trade name if any)	9 Business deals with
Name NJ LECET	
Trade Name If any	a Labor Organization
PO Box Bldg Room No if any	b Trust c Employer
Street 104 INTERCHANGE PLAZA	c employer
City MONROE TWP	
State New Jersey ZIP Code + 4 08831 2038	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing
Name State S	
Trade Name If any	
PO Box Bldg Room No if any	
Street	11 b Approximate dollar value of such dealing
City Fire Land	12 a Nature of interest held or income received
State ZIP Code + 4	Attended a dinner in June at the Eastern Region Conference in New Jersey
	12 b Amount \$\frac{12}{5}\$ \$142
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13 a Name and address of Employer or Labor Relations Consultant	14 a Nature of payment.
(including trade name if any)	The state of the s
Name 2 × ×	
Trade Name if any	
PO Box Bldg Room No If any	
Street	
City 2 7/P Code + 4	The same of the sa
State ZIP Code + 4	
13 b Is the Business an Employer 7	14 b Amount of payment

Name of Person Filing STEPHEN	FLANAGAN	File Number U

8 Name and address of Business (including trade name if any)	9 Business deals with		
Name GENERAL BLG LABORERS LOCAL 66 WELFARE FUND	a Labor Organization		
P O Box Bldg Room No If any	b Trust		
Street 1600 WALT WHITMAN ROAD	c Employer		
City MELVILLE /** / -			
State New York 2 2IP Code + 4 11747-3088			
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing		
Name			<i>7</i> - {
Trade Name if any	South and the state of the stat	**	
PO Box Bldg Room No If any		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	*
Street 3 3 3 4 5	The state of the s	Į.	3. 4
City Say 2 F 2 F 2	the transfer of	* 1	
State ZIP Code + 4	11 b Approximate dollar value of such dealing		
	12 a Nature of interest held or income received		
	Attended as a Union Trustee, a IFS, Conference3/31/04 4/04/04		7 7 7
			Transmi
		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
	12 b Amount	sin straner	\$960

Name of Boroon Education		 File Number U	
Name of Person Filing STEPHEN	FLANAGAN	File Number O	

8 Name and address of Business (including trade name if any)	9 Business deals with
Name GENERAL BLG LABORERS LOCAL 66 WELFARE FUND	a Labor Organization
Trade Name if any	b Trust
PO Box Bidg Room No If any	
Street 1600 WALT WHITMAN ROAD	c Employer
City MELVILLE	
State New York 2 ZIP Code + 4 11747-3088	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing
Name	
Trade Name If any	
P O Box Bldg Room No If any	11
Street ×	The solid in the same of the s
City 2 2 2	
State ZIP Code + 4	11 b Approximate dollar value of such dealing
	12 a Nature of interest held or income received
	As a Union Trusttee attend a Trustee Meeting on Invesments 8/10 8/13/04
	English to the transfer of the
	12 b Amount (** \$1 575

Name of Person Filing STEPHEN	FLANAGAN	File Number U

8 Name and address of Business (including trade name if any)	9 Business deals with
Name GREATER NY LECET	a Labor Organization
Trade Name if any ,	
P O Box Bidg Room No If any	b Trust
Street 266 WEST 37TH STREET SUITE 1100	c Employer
City NEW YORK 1/8 -	
State New York _ ZIP Code + 4 10018-4196	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing
Name	
Trade Name if any	the form the state of the state
PO Box Bidg Room No If any	
Street	
	The state of the s
City 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
State ZIP Code + 4	11 b Approximate dollar value of such dealing
	12 a Nature of interest held or income received
	Attended a dinner in September 2004
	12 b Amount 3 3 3 \$56

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Name of Person Filing STEPHEN	FLANAGAN	File Number U	

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#### Part B Continuation Page

8 Name and address of Business (including trade name if any)	9 Business deals with
Name GENERAL BDLG LABORERS LOCAL 66 WELFARE FUND	a Labor Organization
P O Box Bidg Room No If any	b Trust
Street	c Employer
City State ZIP Code + 4	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing
Name	
Trade Name If any	
P O Box Bldg Room No If any Street	¥
City	
State ZIP Code + 4	11 b Approximate dollar value of such dealing
	12 a Nature of interest held or income received
	AS a Union Trustee attended a meeting in January 2004
	, ,
	12 b Amount \$182

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Name of Person Filing	STEPHEN	FLANAGAN		File Number U	

## Part B Continuation Page

8 Name and address of Business (including trade name if any)	9 Business deals with
Name GENERAL BLDG LABORERS LOCAL 66 WELFARE FUND	a Labor Organization
Trade Name If any	
PO Box Bldg Room No If any	b Trust
Street 1600 WALT WHITMAN ROAD	c Employer
City MELVILLE	
State New York ZIP Code + 4 [11747 3088]	
10 if 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing
Name £	
Trade Name If any	The same of the sa
PO Box Bldg Room No If any	
Street	The state of the s
City 34 45 54	
State ZIP Code + 4	11 b Approximate dollar value of such dealing
	12 a Nature of interest held or income received
	Attended as Union trustee a LIUNA Conference on 6/01-6/03/04
	12 b Amount \$ \$374

Name of Person Filing STEPHEN	FLANAGAN	• • • • • • • • • • • • • • • • • • • •	 File Number U	
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8 Name and address of Business (including trade name if any)	9 Business deals with	
Name GENERAL BDLG LABORERS LOCAL 66 WELFARE FUND	a Labor Organization	
Trade Name If any		
PO Box Bldg Room No If any	b Trust	
Street 1600 WALT WHITMAN ROAD	c Employer	
City MELVILLE .		
State New York 1. ZIP Code + 4 11747 3088		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name		
Traile 1	,	
Trade Name If any	and the state of t	ļ
	4	
PO Box Bldg Room No If any		
Street	*	1
City		<u> </u>
State ZIP Code + 4 ZIP Code + 4	11 b Approximate dollar value of such dealing	
	12 a Nature of interest held or income received	
	Attended a holiday party as Union Trustee	
	***	
	The same of the sa	~
	\$ - + + + + + + + + + + + + + + + + + +	
	12 b Amount	\$65

Name of Person Filing STEPHEN	FLANAGAN	File Number U

8 Name and address of Business (including trade name if any)	9 Business deals with	
Name NJ LABORERS EMPLOYERS COOP & EDUC TRUST  Trade Name if any	a Labor Organization	
P O Box Bldg Room No If any	c Employer	
Street 104 INTERCHANGE PLAZA SUITE 301		
City MONROE TOWNSHIP		
State New Jersey SZIP Code + 4 08331		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name		
	and the state of t	And the state of t
Trade Name If any	4	·-
PO Box Bldg Room No If any	and the state of t	
Street	* * * * * * * * * * * * * * * * * * *	ν
City City		7-
State ZIP Code + 4 F 7	11 b Approximate dollar value of such dealing	*
	12 a Nature of interest held or income received	
	Attended å dinner in Jan 2004 as a a Tri Fund Conference	union trustee at
		<b>.</b>
	And the second second	* *
	The second of th	
	4	, , ,
	12 b Amount	\$104



# August 15 2005

U.S. Department of Labor Employee Standards Administration Office of Labor Management Standards 200 Constitution Avenue NW Room N 5616 Washington D.C. 20210

# Re Form LM-30 Filing for Stephen Flanagan, Labor Organization File No 026-302

Dear Sir of Madam

Inclosed is my I abor Organization Officer and Imployee Report LM 30 for the 2004 reporting period. In filing the report. I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to in exact amount.

As you know it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM 30 report to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further the Department since that time has continued to issue and revise its compliance advice including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM 30 reporting is still changing, and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM 30 report for 2004 provided something of value is to which I have no document my record nor any present specific recollection. In accordance with your guidance, it is my understanding that in that circumstance. I am not required to take any further action

This filing reflects my good faith effort to comply with the LM 30 reporting provisions and in doing so. I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely